


Blueprint for Success



MHSA Workforce Education and Training
State and County Funding Strategy
January 18, 2007

DRAFT



Planning Considerations

- The following is a proposed draft budget for state and county administered education and training strategies, with suggested milestones and timeline for implementation
- These strategies are intended for discussion and revision as part of the stakeholder process
- Proposed strategies to be administered at the state level address all elements stipulated in Section 5822 of the Act, and enable county administered plans to choose locally appropriate strategies
- The combination of state and county strategies are to maximize statewideness of effort and equity of resource distribution

Essential Elements

The following essential elements must be embedded and continuously addressed in any workforce development program or education and training that is funded through MHSA

- Focus on wellness, recovery, resilience
- Cultural competence
- Consumer/family driven services
- Consumer/family members integrated throughout the mental health system
- Community collaboration

Funding Boundaries

- For workforce development programs – funding restricted to addressing identified occupational shortages and diversity needs of positions working in community based public mental health programs
- For education and training – funding restricted to education and training curricula embodying MHSA essential elements
- For workforce staffing support – funding restricted to positions specifically identified to support workforce development programs and education and training. Includes contracts to consultants as subject matter experts.

Proposed State and County Funding Strategy

- State – beginning FY 06/07 propose **\$40m** on an annualized basis be state administered (\$35m from Education and Training Fund, \$5m from 5% State Admin Fund)
- Counties – propose **\$40m** on an annualized basis be distributed from Education and Training Fund to be administered by counties to integrate education and training component into current three-year program and expenditure plan
- Up to 20% MHSA funds to be utilized for succeeding three-year county integrated plans – along with prudent reserve/capital/IT

Sample Funding Scenario (or how the money might flow)

<u>Fiscal Year</u>	<u>Funds Drawn From</u>	<u>Administered by</u>
FY 06-07 (partial year)	\$ 5m from DMH admin support \$15m from E&T Fund \$20m from E&T Fund	State State County
FY 07-08	\$ 5m from DMH admin support \$35m from E&T Fund \$40m from E&T Fund	State State County
FY 08-09	\$ 5m from DMH admin support \$35m from E&T Fund \$40m from up to 20% fund	State State County

Assuming \$400m in the E&T Fund, it would take approximately nine years to deplete the fund under this scenario

1. State Administered Programs

Required criteria for workforce programs and education and training to be administered at the state level:

- All elements of MHSA Section 5822 are collectively addressed at either the state or county level, and
- Increases equity of access both within and across county boundaries, or
- Increases cost-efficiency of administration, or
- Is a replicable model program that assists in the development of similar programs to the level of state need

These criteria will be applied over time to determine whether a program is to continue to be administered at the state level

Proposed DMH Administered Budget

a. Workforce staffing support	\$4m
b. Training and technical assistance	\$7m
c. Mental health career pathway programs	\$6m
d. Residency, internship programs	\$3m
e. Financial incentive programs	<u>\$20m</u>
(annualized) Total	\$40m

a. Workforce Staffing Support

- CiMH – Statewide regional partnership support
- Allen, Shea & Assoc. – Needs assessment
- DMH expert pool – state level education and training support

Sub-Total (from 5% DMH admin support) **\$500k**

- CNMHC – MHSA training/tech. asst.
- Consumer/Family member tech. asst. center
- 5 regional partnership staff structures*

Sub-Total (from Education Training Fund) **\$3.5m**

Total **\$4m**

*Regional Partnership Staffing

- Training Coordinator
- Administrative Assistant
- 2 Employment Support Coordinators
- Consumer/Family Expert Pool
- Operating – Rent, IT, Travel
- Admin. Overhead

Total \$500k

b. Training and Technical Assistance (1)

- CiMH – Training and technical assistance to county mental health programs
- CNMHC – Consumer integration in MHSA
- MH Cooperative Program Consultants – Support of consumers/family members employed in community mental health
- NAMI – Peer to Peer Training
- UACC – Parent to parent training

Total \$4m

- funded from 5% DMH admin support -

b. Training and Technical Assistance (2)

- Convert CMHPC approved trainings to blended learning format*
- Training for Trainers**
- Training for Employment Support Staff**
- Training for Leaders**

Total \$3m

- funded from education and training fund -

*Trainings Converted to a Blended Learning Format

- Cultural Competency
- Psychosocial Rehabilitation Training
- Wellness Recovery Action Planning
- Consumer Entry Level Preparation Training
- Training for Family Partners

DMH to initially pay for course conversion, and then pay scholarships to awarded entity for individuals to participate

**Trainings for Trainers, Employment Support Staff, Leaders

- Via RFQ and resulting contracts DMH to pay entities to train individuals to increase proficiency as trainers, employment support staff for consumers and family members, and as emerging leaders in public mental health
- DMH to pay as scholarships to awarded entity individuals to participate

c. Mental Health Career Pathway Programs

- Consumer/family member entry level preparation programs
- Programs to prepare individuals who are immigrants with health care education and experience to work in community mental health
- Fund replicable model human service academies in high schools
- Fund planning to develop public mental health service entry coursework and programs in high schools, ROPs, adult ed, community colleges

Total \$6m

- from education and training fund -

d. Residency, Internship Programs

- Fund replicable model psychiatric residency programs to expand the number of psychiatrists specializing in child and geriatric psychiatry
- Fund replicable model psychiatric residency programs in community mental health settings that provide a multi-disciplinary team approach and provide continuing education for primary care providers
- Fund physician assistant internship programs leading to PAs able to prescribe and administer meds
 - from education and training fund - **Total \$3m**

e. Financial Incentive Programs

- Stipend Programs – approximately 600 graduate students in the fields of social work, psychiatric nurse practitioner, clinical psychologist and MFT who commit to work in community public mental health and address workforce diversity needs
- \$10m
- Loan forgiveness program – approximately 1,500 employer determined hard-to-fill and/or retain new positions filled by making loan payments for current and prospective employees who commit to work in community public mental health
- \$10m
- from education training fund - **Total \$20m**

Additional Initiatives

- Working with Office of Statewide Health Planning and Development to significantly increase the number of communities federally designated as mental health professions shortage areas
- Working with Board of Behavioral Sciences to integrate public mental health content into licensing examinations, and mandate public mental internship hours within 3000 hour requirement

2. County Three-Year Plans

- Counties to integrate their education and training component into their existing three-year program and expenditure plan in 2007
- County education and training plans will supplement DMH administered trainings and workforce programs to the level of local identified need
- County education and training plans to be funded by Education and Training Trust Fund until counties access their up to 20% allocation for technological needs, capital facilities, human resources, and prudent reserve
- County education and training plans to be funded by up to 20% funds thereafter.

County Plan Construction Process

- Emphasizing considerably streamlined process, with minimal narrative, template forms, and quick turnaround
- County reps from six counties currently assisting in construction of exhibits
- Consultants assisting with plan requirement language for consistency across components
- Exhibits and instructions constructed to be consistent with state administered programs and Five-Year Education and Training Plan
- DMH, CMHDA, CMHPC, OAC, special topic workgroups and the public to provide input on draft

Sustainability

- Education and Training Trust Fund to be administered by DMH for statewide training and workforce programs
- Funds may be retained in the Education and Training Trust Fund for up to ten years
- DMH, in partnership with CMHDA, may place additional funds into the trust fund to sustain successful programs, and/or
- May transfer administration and funding from DMH to the county level, and/or
- May develop federal or other funding partnerships

Accountability

- Counties to provide quarterly report and annual update to DMH on outcomes and address impact at staff, service delivery, system and community levels
- DMH to provide quarterly progress report to CMHPC on statewide programs and summarize county outcomes

Proposed Milestones and Timeline

JAN 07

- Determine county planning estimate and equitable distribution of statewide program awards; e.g., loan forgiveness, scholarships

FEB 07

- Issue draft local plan requirements for input
- Issue draft RFQs for state administered programs for input

MAR 07

- Issue finalized plan requirements
- Begin Issuing RFQs for state administered programs

APR 07

- Public input on draft Five-Year State Plan
- Counties to initiate plan submissions

JUL 07

- Comprehensive Five-Year Plan approved